

CDM-MOC-FORM Form: ANNEX 2

Date of submission		28/05/2010
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Facilitating Reforestation for Guangxi Watershed Management in Pearl River Basin	
2. Please state reference Number if available	0547	
SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT		
<input checked="" type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: Eco-Carbone		
Party (country that authorised participation): France		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Kreiss	Telephone:	
First name: Olivier	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Bouzanquet	Telephone:	
First name: Thomas	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):		Date:
Name:		Signature:
Only one primary or alternate signatory per focal point entity is required.		

☒ Add project participant

☐ Change name of project participant

The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.

Name of the entity:

Idemitsu Kosan Co. Ltd.

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Kobayashi

Telephone:

First name: Kan

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Koseki

Telephone:

First name: Naoko

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.

☒ Add project participant

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Name of the entity:

Japan Petroleum Exploration Co., Ltd. (JAPEX)

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Sekine

Telephone:

First name: Kazuo

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Hasegawa

Telephone:

First name: Hideo

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.

☒ Add project participant

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Name of the entity:

The Japan Iron and Steel Federation (JISF)

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Uzawa

Telephone:

First name: Masaharu

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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☒ Add project participant

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Name of the entity:

Sumitomo Chemical

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Toshimasa

Telephone:

First name: Nakai

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Kajiwara

Telephone:

First name: Hiroyuki

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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☒ Add project participant

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Name of the entity:

Sumitomo Joint Electric Power Co., Ltd

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Togawa

Telephone:

First name: Hiroaki

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Iwasaki

Telephone:

First name: Naohisa

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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☒ Add project participant

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Name of the entity:

The Okinawa Electric Power Co., Inc.

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Nakachi

Telephone:

First name: Hiroaki

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

The Tokyo Electric Power Co., Inc.

Party (country that authorised participation):

Japan

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Kageyama

Telephone:

First name: Yoshihiro

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Kimura

Telephone:

First name: Atsushi

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

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Name of the entity:

Government of Luxembourg – Ministry of Sustainable Development and Infrastructure Department of Environment

Party (country that authorised participation):

Luxembourg

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Wirtz

Telephone:

First name: Raoul

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☒ Ms. ☐

Last name: Haine

Telephone:

First name: Henri

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.

☒ Add project participant

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Name of the entity:

Government of Canada - Ministry of Foreign Affairs and International Trade

Party (country that authorised participation):

Canada

Contact details (primary authorized signatory):

Mr. ☐ Ms. ☒

Last name: McCormick

Telephone:

First name: Rachel

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☐

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.